



AP/2663
7

TRANSMITTAL FORM		(to be used for all correspondence after initial filing)	
Application No.		09/263,918	
Filing Date		March 5, 1999	
First Named Inventor		Mark L. Skarpness	
Group Art Unit		2663	
Examiner Name		Hyun, Soon D.	
Attorney Docket Number		42390P6054	
Total Number of Pages in This Submission		5	

RECEIVED
AUG 05 2003
Technology Center 2600

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric T. King, Reg. No. 44,188 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 31, 2003

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name		Susan McFarlane	
Signature		Date	July 31, 2003



FREE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/263,918
TOTAL AMOUNT OF PAYMENT (\$) 430.00		Filing Date	March 5, 1999
		First Named Inventor	Mark L. Skarpness
		Examiner Name	Hyun, Soon D.
		Group/Art Unit	2663
		Attorney Docket No.	42390P6054

RECEIVED
AUG 05 2003
Technology Center 2600

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account		3. ADDITIONAL FEES																																															
Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP																																																	
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																	
1. BASIC FILING FEE																																																	
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	750	2001	375	Utility filing fee		1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$)		
Large Entity		Small Entity		Fee Description	Fee Paid																																												
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																														
1001	750	2001	375	Utility filing fee																																													
1002	330	2002	165	Design filing fee																																													
1003	520	2003	260	Plant filing fee																																													
1004	750	2004	375	Reissue filing fee																																													
1005	160	2005	80	Provisional filing fee																																													
SUBTOTAL (1)					(\$)																																												
2. EXTRA CLAIM FEES																																																	
<table border="1"><thead><tr><th colspan="2">Total Claims</th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td>13</td><td>20*</td><td>0</td><td>X</td><td>18.00</td><td>=</td><td>\$0.00</td><td></td></tr><tr><td>4</td><td>4*</td><td>0</td><td>X</td><td>84.00</td><td>=</td><td>\$0.00</td><td></td></tr></tbody></table>		Total Claims		Extra Claims		Fee from below		Fee Paid										13	20*	0	X	18.00	=	\$0.00		4	4*	0	X	84.00	=	\$0.00																	
Total Claims		Extra Claims		Fee from below		Fee Paid																																											
13	20*	0	X	18.00	=	\$0.00																																											
4	4*	0	X	84.00	=	\$0.00																																											
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple Dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$) 0.00</td></tr></tbody></table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple Dependent claim, if not paid		1204	84	2204	42	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 0.00		
Large Entity		Small Entity		Fee Description	Fee Paid																																												
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																														
1202	18	2202	9	Claims in excess of 20																																													
1201	84	2201	42	Independent claims in excess of 3																																													
1203	280	2203	140	Multiple Dependent claim, if not paid																																													
1204	84	2204	42	**Reissue independent claims over original patent																																													
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																													
SUBTOTAL (2)					(\$) 0.00																																												
SUBTOTAL (3)		(\$) 430.00																																															

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Eric T. King	Registration No. (Attorney/Agent)	44,188
Signature		Telephone	(714) 557-3800
		Date	07/31/03